



File Interchange Service (FIS) Authorized Derivative Classifier (ADC) Pool Change

This form is used to create a new ADC pool, add or remove ADCs to an existing pool, or update expiration dates for ADCs in an existing pool. All ADC pool members must be SCF users because they will be given login access to the SCF Transfer Node. Expiration dates are associated with each ADC pool member as a means of re-evaluating the status of an ADC's review authority. ADCs may not review their own file(s).

Section A: User Information

Last Name		First Name	Middle Initial
Official User Name (last name + number)	Clearance Level (Q, L, P)*	Citizenship (if not U.S., include VTS/Fast Track numbers)	
Unclassified E-mail		Phone	
Regular LC User Name			UID (for LC use only)

*Q-Clearance is required

Section B: LLNL Employees Only

Directorate/Department/Division	Employee Number	L-Code
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Section C: ADC Pool Information

ADC Review Pool Name (8 character maximum)	Directorate/Department/Division of ADC Pool
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Section D: Add Users to ADC Pool

Please Provide the Following Information for User(s) to Be Added to ADC Pool

Full Name (please print)	Regular SCF LC User Name	Type of files ADC will be reviewing**
_____	_____	<input type="checkbox"/> UNIX/ASCII Text Other _____
_____	_____	<input type="checkbox"/> UNIX/ASCII Text Other _____
_____	_____	<input type="checkbox"/> UNIX/ASCII Text Other _____

**For files other than text, please attach a Computer Security Office (CSO) approved plan for reviewing and ensuring that no classified data

Section E: Remove User(s) from ADC Pool

Please Provide the Following Information for User(s) to Be Removed from ADC Pool

Full Name (please print)	Regular SCF LC User Name
_____	_____
_____	_____
_____	_____

Section F: Update Expiration Date for Existing ADC Pool Member(s)

Please Provide the Following Information for Users to Be Updated for

Full Name (please print)	Regular SCF LC User Name	New Expiration Date for ADC Review Authority
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section G: User Agreement

To become an ADC for LLNL's FIS, I acknowledge: I may review Unix ASCII text files; to review any other data for transfer would require a security plan describing the review process that will ensure the data does not contain any hidden information; the plan will require LLNL CSO approval; and, I may not review my own data for transfer from SCF to OCF.

User Signature	Date
_____	_____

Section G: Authorization

The individual(s) named above have authorization to review institutional FIS files and has been HRP certified.

Department/Division Leader Name (please print)	Department/Division Leader Signature	Date
_____	_____	_____
Associate Director Concurrence Name	Associate Director Concurrence Signature	Date
_____	_____	_____

Mail or fax completed forms to LC Customer Service Group

Lawrence Livermore National Laboratory, PO Box 808 L-63, Livermore CA 94551 • Fax (925) 422-0592

Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov